

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4		1				
5						
6	1					
7		2				
8		2				
9		2				
10	1					
11						
12		1				
13						
14		1				
15		2				
16		2				
17		2				
18		2				
19		2				
20		2				
21	1					
22	1					
23		1				
24	1					
25	1					
26	1					
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50						
TOTAL IND.	14	↓		↓		↓
TOTAL DEP.	29	←		←		←
TOTAL CLAIMS	43					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						